PLEDGE FORM



TELL US ABOUT YOURSELF					
EMPLOYER		EMPLOYE	EE I.D.		□ M □ F BIRTH YEAR
(MR/MRS/MS/DR) FIRST NAME		MI LAST NAME			(JR/SR/OTHER)
HOME ADDRESS					
CITY				STATE	ZIP CODE
EMAIL					
PHONE					
MAKE YOUR CONTRIBUTION					
PAYROLL DEDUCTION	ONE TIME CONTRIE	BUTION	CREDIT/DE	BIT CARD	
\$ PAY PERIODS PER YEAR	ATTACHED CASH CHECK \$	OR	\$ ONE TIME	MONTHE	Y QUARTERLY
ONE TIME PAYROLL	CHECK NO. DATE / / MAKE CHECKS PAYABLE TO COMMUNITY HEALTH CHARITIES		CREDIT/DEBIT CARD NUMBER (VISA, MC, DISCOVER, AMEX) EXPIRATION DATE / CVV CHARGE UPON RECEIPT IF NOT CHECKED, CHARGES WILL BEGIN IN THE NEXT CALENDAR YEAR		
DEDUCTION UNLESS NOTED BY EMPLOYER, PAYROLL DEDUCTIONS WILL BEGIN IN THE NEXT CALENDAR YEAR					
SIGNATURE (REQUIRED TO PROCESS PLEDGE) PLEASE DO NOT CONTACT ME PLEASE DO NOT SHARE MY NAME WITH MY DESIGNATED CHARITY					
X		Date		TOTAL	
CHANGING LIVES. HEALTH MATTERS. JOIN US. THANK YOU FOR JOINING US IN CHANGING THE LIVES OF OUR NEIGHBORS IN NEED.					
DESIGNATE YOUR GIFT					
TO COMMUNITY HEALTH CHARITIES FOR SUPPORT OF OUR	TO A SPECIFIC CHARITY OR FUND				
MEMBER CHARITIES	CHARITY/FUND NAME	C	HARITY/FUND I	NAME	CHARITY/FUND NAME
*	CODE		CODE		CODE
\$	\$	4			\$

IMPORTANT TAX INFORMATION: Per IRS Notice 2006-110, please retain a copy of this pledge form for your tax records. For payroll deduction gifts, this pledge form and a copy of your check stub should meet IRS requirements. Consult your tax professional for circumstances that relate to your specific case.

